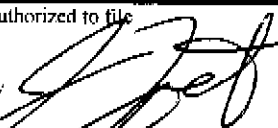


UNITED STATES BANKRUPTCY COURT _____ Bankruptcy _____ DISTRICT OF _____ ID _____		PROOF OF CLAIM
Name of Debtor Lynn Ketterling		Case Number 03-41318 <u>2</u>
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property): John Deere Construction & Forestry Company		<div style="text-align: right; font-size: small;">U.S. COURTS JUL 16 11 01 AM '03 CLERK J. S. BURKE CHICAGO, ILLINOIS</div>
Name and address where notices should be sent: John Deere Construction & Forestry Company P.O. Box 6600, Johnston, Iowa 50131-6600 Attn: Jim Zoet Telephone No. (800)869-4367		
Account or other number by which creditor identifies debtor: 17519665958AK		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
Check here if this claim <input type="checkbox"/> Replaces a previously filed claim, dated: _____ <input type="checkbox"/> Amends		THIS SPACE IS FOR COURT USE ONLY
1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____ <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS#: _____ Unpaid compensation for services performed from _____ (date) to _____ (date)		
2. Date debt was incurred: February 02, 2001		3. If court judgement, date obtained:
4. Total Amount of Claim at time Case Filed: \$36,152.59 ** If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		**Plus additional interest and Attorneys fees.
5. Secured Claim. <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other SEE ATTACHED DOCUMENTS Value of Collateral: _____ **Plus additional interest and Attorneys fees. Amount of arrearage and other charges at time case filed included in secured claim, if any \$0.00		6. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to Priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,650),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$2,100* of deposits toward purchase, lease, or rental of property or services for personal, family or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). * Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgements, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 9. Date-Stamped Copy: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		THIS SPACE IS FOR COURT USE ONLY
Date July 09, 2003	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney if any): <div style="text-align: center;">  Jim Zoet, John Deere Construction & Forestry Company </div>	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. § 152 and 3571.		

GOODS PREVIOUSLY SUITED FOR: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>						CONSTRUCTION NEW <input type="checkbox"/> USED <input checked="" type="checkbox"/>		DEALER ACCOUNT NUMBER 0112		DEALER PHONE NO. 208-888-3337		APPLICATION DATE 3/1/2001		DATE ACCEPTED BY JOHN DEERE CONST. EQMT. CO. OFFICE USE ONLY		CONTRACT NO. 17-519665958 - 17	
Borrower's Name and Address CONTRACTOR'S EQUIPMENT SUPPLY CO. 26 EAST 200 SOUTH BORROWER'S (DEALER'S) NAME (Last Name First) and Mailing Address (including County and Zip) LYNN KETTERLING 100 N. 160 W. RUPERT, ID 83350																PERM. ID 83334	
Borrower's (Dealer's) Phone No. 208-436-4466				Borrower (Dealer) Resides in (County/State) MINIDOKA ID				Borrower (Dealer) Agrees to Keep Goods in County/State MINIDOKA ID				Place of Filing (Town & State) ID-SOS					
Borrower's Social Security Number (First Signer) or Tax Id Number 519665958								Type of Business Proprietor <input checked="" type="checkbox"/> Partner <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/>				Name and Title of Signing Officer (If Corporation or LLC)					

APPLICATION AND PROMISSORY NOTE: I hereby apply to John Deere Construction Equipment Company (together with its assigns, the "Lender") for a Loan in the amount of the Principal Balance shown below. The amount of the unpaid balance on line 3 is to be used to finance the Balance Due on the purchase order executed in connection with the purchase from the Seller of the equipment described below (the "Goods"). If this Loan Contract is accepted by Lender, I promise to pay to the order of Lender, the Principal Balance shown on line 7 below, and the finance charges thereon computed on the daily unpaid balance of the Principal Balance and to pay the installments shown below, with such adjustments in the amount or number of installments as may be necessary to reflect actual finance charges earned. If more than one person signs this Agreement as "Borrower", we will be jointly and severally liable for all amounts due under this Agreement. Except for the Notice to Borrower section, in this Agreement, the words "I", "me" and "my" mean the person, whether one or more, who sign it as the "Borrower".

Borrower: I agree to use the vehicle in borrower section, in this Agreement, the words "I", "me" and "my" mean the persons, whether one or more, who sign it as the "Borrower".						
Quantity	New/Used	Manufacturer	Model	Goods (Equipment)	Product Identification No.	Delivered Cash Price
1	U	JOHN DEERE	S44G	1996 Wheel Loader w/Cab, 1.25yd Bucket	DW344GR558784	\$72,000.00
						\$ 0.00
						\$ 0.00
						\$0.00
Quantity	Manufacturer	Model	Description of Trade-In (From Purchase Order)	Product Identification No.	Amount	
1	JOHN DEERE	S44C	WHEEL LOADER	S44CL 401320	\$18,500.00	
					\$ 0.00	
					\$0.00	
CASH DOWN PAYMENT: \$960.00						
AND 141. PARTS & SERVICE						
TOTAL TRADE-IN:					\$18,500.00	

CASH DOWN PAYMENT: \$960.00		TOTAL TRADE-IN: \$18,500.00	
ANNUAL INSTALLMENTS		ITEMIZATION OF AMOUNT FINANCED	
Number of Payments	Amount of Each Payment	First Payment Due Date	
5	\$14,054.74	2/10/01	
0	\$0.00		
0	\$ 0.00		
0	\$ 0.00		
0	\$ 0.00		
0	\$0.00		
0	\$0.00		
Sales Tax Paid to Government Agencies			\$0.00
Cash Price (Including Tax)		1	\$72,000.00
Total Down Payment, Sum of Trade-In and Cash Down Payment		2	\$19,460.00
Unpaid Balance of Cash Price (Paid to Seller)		3	\$52,540.00
Official Fees (Paid to Public Officials)		4	\$0.00
Administrative Fees		5	\$400.00
Insurance - Credit Life and/or Physical Damage		6	\$0.00
Principal Balance (Lines 3, 4, 5 and 6)			
The amount of credit provided to Borrower(s)		7	\$52,940.00
Finance Charge (Based on Line 7)			
The dollar amount the credit will cost Borrower(s)		8	\$17,333.70
Total (Lines 7 and 8), (Principal Balance plus Finance Charge)		9	\$70,273.70
Annual Interest Rate:			
The cost of the Borrower(s) credit as a yearly rate.			10.25%
DATE FINANCE CHARGE BEGINS: 2/10/01			

SECURITY AGREEMENT: To secure the indebtedness evidenced by this contract I grant you a Security Interest in the Goods (which term includes items, if any, listed as "Security" or "additional security") and all parts and accessories now or hereafter incorporated in or on such Goods by way of addition, accession or replacement and any proceeds arising therefrom, including, without limitation, insurance proceeds. I agree that I have received the Goods. Lender can inspect the Goods at any reasonable time. **I REPRESENT THAT THE GOODS ARE BEING PURCHASED FOR A BUSINESS OR COMMERCIAL PURPOSE.**

EARLY PAYMENT: I may prepay my obligation in full at any time prior to the original or any extended maturity and will be charged only for earned Finance Charges. No penalty will be imposed for early payment.

DELINQUENCY CHARGE; NSF FEES: For each installment not paid when due, I promise to pay Lender a delinquency charge calculated at the rate of 1.5% per month for the period of the delinquency or, at Lender's option, 5% of such installment provided that such a delinquency charge is not prohibited by law, otherwise at the highest rate allowed by applicable law. I agree to repay immediately to Lender in the enforcement or administration of its rights under this Agreement, including, without limitation, any amount paid by Lender to a depository institution because a check, draft or order made or drawn by or for the benefit of me is returned unpaid for any reason. If any payment is made by a check which is dishonored, I agree to pay Lender a fee of \$20 or such lesser amount specified by applicable law.

STATE LAW APPLYING: THE CONSTRUCTION AND VALIDITY OF THIS AGREEMENT SHALL BE CONTROLLED BY THE LAW OF IOWA, AND THE VALIDITY OF THE SECURITY INTEREST SHALL BE CONTROLLED BY THE LAW OF THE STATE WHERE THE GOODS ARE TO BE KEPT AND USED.

ADDITIONAL PROVISIONS CONCERNING RIGHTS OF THE PARTIES ON REVERSE SIDE ARE A PART OF THIS CONTRACT

<p>INSURANCE DISCLOSURES: I may obtain Physical Damage Insurance from anyone I want that is acceptable to Lender. If I get this insurance through Lender, I will pay the Premium shown at right. No insurance will be provided unless I sign at the right, the premium is shown and Lender accepts the contract.</p>	<p>NO. MO3 0</p>	<p>PREMIUM \$0.00</p>	<p>I want Physical Damage Insurance (Sign in this box)</p>
<p>Credit Life Insurance is not required to obtain credit and will not be provided unless I sign at the right, the premium is shown and Lender accepts this contract.</p>	<p>NO. MO3 0</p>	<p>PREMIUM \$0.00</p>	<p>I want Credit Life Insurance (Sign in this box)</p>

NOTICE TO BORROWERS: 1. Do not sign this contract before you read it or if it contains blank spaces. 2. You are entitled to an exact and completely filled in copy of this contract when you sign it. Keep it to protect your rights. 3. Under the law, you may have the right to redeem the property if repossessed for a default within the time specified by law.

CAUTION: IT IS IMPORTANT THAT YOU THOROUGHLY READ THE CONTRACT BEFORE YOU SIGN IT.
I acknowledge receipt of a true copy hereof.

DO NOT WRITE IN SHADED AREA - FOR DEERE CREDIT SERVICES, INC.
USE ONLY

Accepted by: **JOHN DEERE CONSTRUCTION EQUIPMENT COMPANY**
(Landlord/Secured Party)

At 6400 NW 26th Street, PO Box 6400, Johnston, Iowa 50131-6600

By Lori Shaker 15 Feb 60
(Authorized Signature) Date

Borrower's (Debtor's) Signature LYNN KETTERLING INDIV Title

Borrower's (Debtor's) Signature _____ Date _____

Borrower's (Debtor's) Signature _____ **Title** _____

ADDITIONAL PROVISIONS CONCERNING RIGHTS OF THE PARTIES

APPLICATION OF PAYMENTS: Any sums received from me may be applied at Lender's discretion to obligations hereunder or to any other indebtedness owed by me to Lender despite directions, if any, appearing on the remittance, and to interest before principal, and if permitted by law to past due interest before installments. If any proceeds from the sale of the Goods or insurance are applied to the debt, I remain liable to make each monthly payment described in this contract until it is paid in full. Lender may accept payments marked "paid in full" or with other restrictive endorsements, without losing any of your rights under this Agreement.

DEFAULT: This contract shall be in default (a) if I fail to pay any installment when due; (b) if I attempt to sell or encumber any interest in the Goods; (c) if I institute or have instituted against me proceedings under any bankruptcy or insolvency law; (d) if I make an assignment for the benefit of creditors; (e) if I fail to pay taxes levied on the Goods; (f) if any attachment, execution, writ, or other process is levied against any of my property; (g) if I fail at any time to keep the Goods properly insured as described below; (h) if I remove the Goods, without prior written notice to Lender, from the location in which I have agreed to keep them; (i) if I fail to maintain the Goods in good condition and repair or permit its value to be impaired; (j) if I permit the Goods to be used in violation of any law, regulation or policy of insurance; (k) if any representation, warranty or statement is made to Lender in connection with this agreement which is false in any material respect when made; (l) if any legal entity such as a partnership, limited liability company or corporation that has agreed to pay this agreement ceases to do business, dissolves, liquidates its assets or terminates or fails to maintain its legal existence; (m) if I fail to comply with any other provision of this contract; or (n) if for any reason Lender deems the debt or security unsafe. In any such event Lender may take possession of any Goods in which Lender has a Security Interest and exercise any other remedies provided by law. In such event I agree, upon demand, to assemble the Goods at a location designated by Lender, and Lender may immediately and without notice declare the entire balance of this contract due and payable. In addition, to the extent permitted by law, Lender may collect all reasonable expenses, including attorney's fees, incurred in realizing on the security interest granted hereunder, or otherwise enforcing the terms of this contract. If I reside in Texas, I agree that any remaining amounts due under this contract after any default by me shall be payable to Lender or its order at Dallas, in Dallas County, Texas.

If Lender takes possession of the Goods after I default, it shall be commercially reasonable for Lender to sell: (i) the Goods at a private sale; (ii) at wholesale to a dealer in used goods of like kind; or (iii) at retail to a purchaser directly or through a dealer in such used goods. The enumeration of the foregoing methods of disposition are without limitation to the Lender's right to dispose of the Goods by any other manner or method (whether by sale, lease, or otherwise) in a commercially reasonable manner. Lender also has the right to take possession of the Goods or render the Goods unusable. Upon default, I grant Lender permission to cancel any insurance on the Goods and if allowed by law, to apply any premium refunds to my debt to Lender with any excess returned to me. Waiver of any breach or default shall not constitute a waiver of any other or subsequent breach or default.

RISK OF LOSS AND OTHER AGREEMENTS. I hold the Goods at my risk and expense with no abatement in any obligation on account of loss or damage. I will settle all claims of any kind against the seller of the Goods directly with the seller and I will not use any such claim as a defense, setoff or counterclaim against any effort by Lender to enforce this Contract. I authorize Lender to file (or to execute on my behalf and file) a financing statement (or statements) in order to perfect the security interest granted herein, indicating the type of items described herein or describing such items. Each person who signs this Agreement agrees that any carbon signature, facsimile signature or electronic signature shall constitute an original signature within the meaning of applicable law, for all purposes, including the filing of financing statements. Lender may correct patent or clerical errors in the Agreement, or any purchase order or financing statement executed in connection with the transactions contemplated in this Agreement. Any provision of this Agreement prohibited by law shall be ineffective and deemed deleted to the extent of such prohibition and shall not invalidate any other provision hereof.

INSURANCE: Except to the extent this Agreement is for service work, I will at all times keep the Goods insured against all risk of loss, damage or destruction for greater or their full insurable value or the then outstanding amount of this Loan. Lender must be listed as a loss payee. I may choose the person through whom I obtain the insurance but the insurance must be acceptable to Lender. Such insurance will provide that it may not be canceled by me without Lender's consent and may not be canceled by the insurance company without at least ten (10) days written notice to Lender. I will provide Lender with evidence of the paid-up insurance on the Goods within fifteen (15) days of the date of this contract and at least thirty (30) days before the renewal date. If I fail to provide evidence of the insurance within the time periods specified in the preceding sentence, then I will reimburse Lender for the cost of any insurance Lender purchased until the date such evidence is provided by me. If I fail to keep the Goods properly insured, Lender may, but is under no obligation to, buy insurance to protect the Goods and add the cost to my debt to Lender, and I promise to pay additional cost upon Lender's demand. To the fullest extent permitted by law, I will pay Lender a reasonable administrative fee for obtaining and canceling such insurance.

I may meet this insurance requirement by having Lender purchase such insurance. Inclusion of any amount of Physical Damage Insurance in the Insurance Disclosure box on the front of this contract will be election to do this, but such insurance will only be purchased if Lender accepts this Agreement. Such insurance will cover only the fair market value of the Goods at the time of the loss. If the term of such insurance is less than the term of this Agreement, I will, upon termination of such insurance, purchase insurance to fulfill my obligation to insure hereunder.

THIS SPACE FOR USE OF FILING OFFICE

FINANCING STATEMENT -- FOLLOW INSTRUCTIONS CAREFULLY

This Financing Statement is presented for filing pursuant to the Uniform Commercial Code and will remain effective, with certain exceptions, for 5 years from date of filing.

A. NAME & TEL. # OF CONTACT AT FILER (optional) B. FILING OFFICE ACCT. # (optional)

C. RETURN COPY TO: (Name and Mailing Address)

JOHN DEERE CREDIT
PO BOX 8600
JOHNSTON, IA 50131-5600D. OPTIONAL DESIGNATION (if applicable): ☐ LESSOR/LESSEE ☐ CONSIGNEE/CONSIGNEE ☐ NON-UCC FILING

1. DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor name (1a or 1b)

1a. ENTITY'S NAME

ID-BOS

OR 1b. INDIVIDUAL'S LAST NAME

KETTERLING

FIRST NAME

LYNN

MIDDLE NAME

SUFFIX

1c. MAILING ADDRESS

100 NORTH 160 N

CITY

RUPERT

STATE

ID

COUNTRY

USA

POSTAL CODE

83350

1d. S.E. OR TAX I.D.#

519665958

OPTIONAL
ADDM. INFO RE
ENTITY DEBTOR

1e. TYPE OF ENTITY

1f. ENTITY'S STATE
OR COUNTRY OF
ORGANIZATION

1g. ENTITY'S ORGANIZATIONAL I.D.#, if any

☐ NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor name (2a or 2b)

2a. ENTITY'S NAME

OR 2b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

2c. MAILING ADDRESS

CITY

STATE

COUNTRY

POSTAL CODE

2d. S.E. OR TAX I.D.#

OPTIONAL
ADDM. INFO RE
ENTITY DEBTOR

2e. TYPE OF ENTITY

2f. ENTITY'S STATE
OR COUNTRY OF
ORGANIZATION

2g. ENTITY'S ORGANIZATIONAL I.D.#, if any

☐ NONE

3. SECURED PARTY'S (ORIGINAL SP or ITS TOTAL ASSIGNEE) EXACT FULL LEGAL NAME - Insert only one secured party name (3a or 3b)

3a. ENTITY'S NAME

OR 3b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

3c. MAILING ADDRESS

PO BOX 6600

CITY

JOHNSTON

STATE

IA

COUNTRY

USA

POSTAL CODE

50131-6600

4. This FINANCING STATEMENT covers the following type or types of property:

1 JOHN DEERE 544G WHEEL LOADER S/N DW5440858784

02/09/01

5. CHECK ☐ THIS FINANCING STATEMENT is signed by the Secured Party instead of the Debtor to perfect a security interest (a) in collateral already subject to a security interest in another jurisdiction when it was brought into this state, or when the debtor's location was changed to this state, or (b) in accordance with other statutory provisions (additional debt may be required).

6. REQUIRED SIGNATURE(S)

JOHN DEERE CONSTRUCTION EQUIPMENT COMPANY, Attorney in Fact for
Lynn Ketterling by Michelle Allen

7. If filed in Florida (check one)
☐ Documentary stamp (or only) ☐ Documentary stamp (or only) not applicable
8. THE FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS (if applicable) ☐ Attach Addendum

9. Check to REQUEST SEARCH CERTIFICATE(S) on Debtor(s) (optional) ☐ All Debtors ☐ Debtor 1 ☐ Debtor 2

(1) FILING OFFICER COPY-NATIONAL FINANCING STATEMENT (FORM UCC1)(TRANS)(REV. 12/18/00)

LEADS Statement Review
Check to be completed by filer

INSURANCE VERIFICATION FORM

Customer Responsibility for Physical Damage Insurance

INSTRUCTIONS: This form is to be submitted with the original contract to Deere Credit Services.

TO: JOHN DEERE CONSTRUCTION EQUIPMENT COMPANY

PLEASE PRINT OR TYPE

CUSTOMER'S NAME LYNN KETTERLING	CUSTOMER'S SOCIAL SECURITY OR TAX ID. NO. 579665958
------------------------------------	--------------------------------------------------------

Physical Damage Insurance for the equipment on the attached note will be provided to the agency listed below:

NAME OF AGENCY <i>First Insurance</i>		PHONE NUMBER OF AGENCY Area Code (208) 436-4141	
MAILING ADDRESS (P.O. Box or Street) 518 Oneida	CITY <i>Kept</i>	STATE <i>Id.</i>	ZIP 83350

I (We) Agree and understand that under the terms of my (our) contract with you, I (we) must at all times keep the Goods insured against all risk loss, damage, or destruction for their full-insurable value, with you listed as loss payee.

Loss Payee should be listed as John Deere Construction Equipment Company 6400 NW 86th St. Johnston, IA 50131-6600

DEBTOR SIGNATURE <i>[Signature]</i>	Date <i>2/2/2001</i>
CO-DEBTOR SIGNATURE (if Any)	Date

SEND TO DEERE CREDIT SERVICES WITH CONTRACT

RECEIVED

FEB 08 2001

DEERE CREDIT SERVICES

- All blanks must be filled in.
- The form must be signed and dated.

RETAIL (Retail)
CONSTRUCTION

JAN. 31. 2001

12:15PM
APPROVAL Invo.
DOCS Request
Send Docs Overnight or Email to:

Phone: 800-822-8642 Fax: 800-826-8287
Phone: 800-544-0648 Fax: 800-541-2888

NO. 825

JOHN DEERE
CREDIT
Moving an Industry

CUSTOMER NAME Lynn Ketterling					SOCIAL SECURITY NUMBER 519-66-5958		REQUEST DATE 1/29/01	
DEALER NAME & ADDRESS (for overnight delivery) CESCO 26 East 300 South Jerome, ID 83338					DEALER # 7212		DEALER PHONE NUMBER & CONTACT PERSON (208) 888-3337 April McAvoy	
UNIT	MANUF	MODEL	YEAR	DESCRIPTION	SERIAL NUMBER	HOURS	RETAIL	
U	JD	544G	1996	Wheel Loader w/cab 3.25 yd bucket	DW544GB558784	5000	\$72,000.00	
TRADE-IN EQUIPMENT							TOTAL RETAIL PRICE	
							\$72,000.00	
UNIT	MANUF	MODEL	YEAR	DESCRIPTION	SERIAL NUMBER	FORGROSS	FORWED	Net Trade
Unit 1	JD	544C		Wheel Loader	401370	\$	\$	\$18,500.00
Unit 2						\$	\$	\$
Trade Pay-off to:							NET Trade Allowance	
							\$18,500.00	
PM (Maintenance Program)							Price (Added to Selling price):	
Secure: <input type="checkbox"/> None <input type="checkbox"/> Full Cyl. <input type="checkbox"/> Power Train							Price (Added to Selling price):	
EQUIPMENT LOCATION (Required)							Outside City Limits	
Address: _____ City: _____ State: _____ Zip Code: _____								
LOAN DETAILS					AMOUNT FINANCED			
<input type="checkbox"/> Equity Financing (Optional)					1 Selling price			
Established Value: \$ _____					\$ 72,000.00			
- Amount Owed: \$ _____					2 - Trade Allowance			
= Net Equity: \$ _____					\$ 18,500.00			
Year: _____ Model: _____					3 - Rent Applied			
Serial Number: _____					\$ 0			
<input type="checkbox"/> Added Collateral (Optional)					4 = Sub-total			
Payments:					\$ 53,500.00			
Loan Term: <u>5 yr</u> # of Pmts: <u>120</u>					5 + Sales Tax (if applicable) 0.00%			
<input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Annual					\$ 0			
Other (Specify): <u>1st payment due 2/1/02</u>					6 = Sub-total			
JDC (buy) Rate <u>9.9</u> %					\$ 53,500.00			
Contract (Customer) Rate <u>10.25</u> %					7 - Cash Down			
Dir participation amount: \$ _____					\$ 960.00			
MDP: _____					8 = Sub-total			
APPROVAL NUMBER: <u>01291616</u>					\$ 52,540.00			
					9 + Processing Fee (JDC)			
					\$ 400.00			
					10 + Dealer Fee (Optional)			
					\$ 0			
					11 + Official Fees			
					\$ 0			
					12 = Sub-total			
					\$ 52,940.00			
					13 + Ins. Prem (PDI) (Optional)			
					\$ 0			
					14 = Amount Financed			
					\$ 52,940.00			
					15 = PAYMENT (for Docs request)			
					\$			
Program Type: (Applicable Dealer/Owner Charges will be calculated by JDC)								
<input checked="" type="checkbox"/> 1. Std. Program <input type="checkbox"/> 3. Dir. Buy-down <input type="checkbox"/> JDC Division Number								
<input type="checkbox"/> 2. Low Rate (own) <input type="checkbox"/> 4. ASM Pwr Check <input type="checkbox"/> Program Cost charged to the dealership								

Note: Annual payments were approved on 1/31/01.